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WOUND OF THE OESOPHAGUS, FOLLOWED BY EMPHYSEMA, INFLAMMATION, PNEUMONIA, PLEURISY, PERICARDITIS, DEATH.

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[Communicated for the Boston Medical and Surgical Journal.]

HARRIET N—, aged 11 years—the subject of these notes—was a rather delicate child, of fair complexion and spare habit, having suffered more or less for the past year or two from dyspeptic symptoms and general debility.

On the morning of the 22d of November, 1861, she called at my office, saying she had swallowed a piece of chicken bone, and that it had lodged in her throat. On my applying an instrument to depress the tongue, she said the bone went down, and she felt that she was rid of the obstruction. No bone could be seen by looking into the fauces, and I supposed the trouble to be removed. Very soon after returning home, she vomited once, and during the day she felt a slight soreness about the throat, frequently attempting to clear her throat of mucus. She had no pain, but complained of not feeling very well, though nothing was thought of it by the family, as she frequently had days of not feeling quite well. She passed a comfortable night, but the next morning there was the same sense of irritation about the throat—somewhat greater than the day before. The following night she was restless, and did not sleep well.

On Sunday, P.M., Nov. 24th, I was called to see her for the first time. She was suffering from a slight headache, considerable soreness of throat, a hard swelling on the right side of the neck in front, somewhat painful, and contraction of the muscles of the same side, with pain. The skin was cool and pale, pulse rapid and feeble, tongue natural, no appearance of inflammation about the fauces. Ordered a pill containing one grain of ipecac. and one grain of opium, and the application of cloths wrung out in warm water to the neck.

Nov. 25th.—Symptoms same as yesterday, but more severe. The

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swelling, which commences abruptly, immediately below the angle of the jaw, bordered in front by a defined line exactly over the trachea, and posteriorly by a line less definitely marked, running downward and somewhat forward from the mastoid process of the temporal bone, has extended down the chest as far as the lower edge of the sternum. This swelling is quite painful, and feels hard and brawny; in color dark red, approaching to livid in the upper part. The muscles of this side of the neck are so much contracted that the head is drawn far to one side; all movements, both of the head and upper part of the body, are very painful. Deglutition easy, but little or no appetite; no thirst. To continue the treatment.

Nov. 26th.—Had a bad night, and the same symptoms continue and are more severe; pulse 160; pain in head, and running down the back and shoulders; swelling extending further back; skin cool and pale; no thirst; no perspiration. Ordered a dose of castor oil, which operated sufficiently, and one pill at night.

Nov. 27th.—No headache; all other symptoms remain without improvement; pain in lower front of left chest. Ordered five drops of tincture of veratrum viride every four hours; two pills at night. The veratrum producing no effect, was suspended after the fourth dose had been taken.

Nov. 28th.—All symptoms more severe. Pain in left chest increased. Respiration short, like that of pleurisy, 50 per minute. Swelling in neck and chest very hard and painful. A little perspiration for a short time in the morning, but the skin is generally cool, dry and pale; pulse 160 or more; tongue nearly clean and moist; no thirst; ordered sweet oil to be applied to the swelling, and a covering of cotton wool; oil of turpentine to the left side; **R.** Spts. æth. nit., liq. ammon. acet., aa 3 i.; potass. nitrat., 3 i. **M.** One drachm to be taken every three hours; and an opiate pill at night.

Nov. 29th.—At 5, A.M., she awoke with very severe pain in the chest, not confined entirely to the side of the pleurisy; great dyspnoea; her eyes were fixed, lips and hands became purple. After this condition had lasted some minutes, she began to cough, and raised a quantity of mucus, when these alarming symptoms subsided. This was followed by a tolerably free perspiration for a little time, and she became quite easy. Considerable pain in bowels, particularly in right iliac region; respiration and pulse about the same as yesterday. To continue treatment, and take three compound cathartic pills. The pills did not operate, and she had an enema, which was followed by a full dejection. More comfortable. To take liq. morph. sulph. 3 i. p. r. n. Up to this time there is no abatement of the pulse, which never fell below 160, and was frequently higher, small and feeble; and the respiration was never below fifty, and at times even more than that.

Nov. 30th.—She passed a tolerably comfortable night, and slept a considerable part of the time from 12, to about 5, A.M., when she was seized with an attack very similar to the one described in yes-

terday's report. When I arrived, at about 5, A.M., I found her free from pain, and in every respect more comfortable than she had been for six days. Pulse 140, full and strong; respiration 40, free and natural; the whole body bathed in a most profuse perspiration; cough, with slight expectoration. On examining the left chest, I found pneumonia of the lower portion of the lung present. There was considerable thirst, and she ate quite freely of light food. At 10, A.M., Dr. Buckingham saw her with me, and her condition at that time seemed even more promising than it had in the morning; and so continued through the day and evening. She took light food, and occasionally a teaspoonful of the solution of morphia; slept considerable through the day and following night.

Dec. 1st.—She awoke this morning about 7 o'clock, much as she had the two previous mornings, but did not rally as she had before. When I reached her, at about 8, A.M., she was breathing with great difficulty; her extremities were becoming cold and purple, eyes fixed, and she seemed to be dying from suffocation. I attempted to give some stimulants, but she was unable to swallow, and she died after the most violent struggles at about 9 o'clock—two hours after she awoke from a tolerably quiet sleep.

Post-mortem examination by Dr. Ellis, 30 hours after death.

Head not examined. The neck was much swollen, of a greenish color, elastic and resonant, but collapsed immediately after incision. The cellular tissue beneath the surface contained much pus. The anterior mediastinum was also infiltrated with light brown, offensive pus. The same was undoubtedly the case in the cellular tissue of the abdominal parietes where the swelling was noticed, but the examination of this part was inadvertently omitted. Each pleural cavity contained about half a pint of offensive purulent serum. The left lung was slightly adherent. Both lower lobes were somewhat compressed, and a small part of the left was decidedly inflamed, portions perhaps a quarter of an inch in diameter being yellow, as in the third stage of pneumonia, but with browish centres, as if sloughing had taken place. The pericardial surface was smeared with a thin layer of soft, recent, fibrinous material.

In the anterior wall of the oesophagus, about an inch below the margin of the larynx, was a longitudinal sharply-cut slit, perhaps one third of an inch in length, extending entirely through the coats. Between this and the trachea was a small well-marked cavity, but not limited by any membrane. Its inner surface had the same appearance as the tissue of the anterior mediastinum. It was evidently the source of the extensive cellular inflammation, which also extended to the peritoneum covering the liver, but there was no general peritonitis.

The other organs were normal.

The diagnosis in this case was obscure from the beginning. In the first place, we know that there was a piece of bone lodged in the upper part of the oesophagus for a few minutes on Friday morn-

ing. This seemed to be a slight accident, and was not immediately followed by any serious troubles. From 36 to 48 hours afterwards, an emphysematous swelling commenced at the side of the neck, and slowly increased for four or five days, accompanied by pain and stiffness of the neck. On the fifth occurred pleurisy, and probably pericarditis about same time, perhaps earlier. On the eighth day pneumonia, with decided amelioration of symptoms. From a very early date the pulse was small, feeble and very rapid. This was at all times *the* alarming symptom. There was throughout very great constitutional disturbance, but the symptoms were such that none but a somewhat expectant treatment seemed to be judicious.

The case is interesting from the infrequency of such accidents and the remarkable train of affections following so slight a wound.

March 15th, 1861.

DR. COALE'S ESSAY ON ANEURISM.

[Continued from page 132.]

Brasdor's Method.—Seeing many cases of aneurism in which the sac was too near a great artery or to a central cavity to admit of a ligature being placed upon the artery between it and the heart with safety, it occurred to Brasdor, a French surgeon of the latter third of the last century, that by stopping the flow beyond by a ligature on the distal side of the tumor, a cure might be effected. This suggestion he was unable to carry into effect himself, but he communicated it to his friend Deschamps, who tried it for the first time in a case of aneurism at the upper part of the thigh. This case was an unsuccessful one, yet it served to turn the attention of surgeons to this method. What has been done since then with this operation, we learn chiefly from the thesis of M. Villardebo.* He gives fourteen cases, divided into two classes. The first class consists of those in which there was no vessel given off between the sac and ligature. Of these there are in all five cases—two cures and three deaths. In the other class, in which vessels were given off between the ligature and the tumor, there are nine cases given, of which only one was successful. One died from erysipelas, and seven from hemorrhage occurring in the unarrested progress of the disease.

We have seen a successful case reported of carotid aneurism operated on by this method, but we cannot now lay hands upon it.

The above given list, from Villardebo, certainly does not speak very favorably for the operation. Wardrop, however, who performed one of the successful and two of the unsuccessful operations above mentioned, in his article on Aneurism in the *Cyclopaedia of Practical Surgery*, 1841, still commends it. He says: "It has been adopted by Bush, Lambert and Montgomery in cases of carotid

* *De l'Operation de l'Aneurisme selon la methode de Brasdor.* Paris, 1831.

aneurism, and the result of their operations has proved the soundness and practical utility of the principle."

The merits and demerits of Brasdor's operation we think can be readily summed up.

For the first the ligature is placed upon a much more accessible part of the artery in those cases for which the operation is more particularly devised—aneurism of the innominata, common carotid and subclavian; and the ligature can be placed on a part more healthy than the artery close to the aneurism would be. Then it has been objected that it still leaves the attenuated walls of the sac exposed to the impetus of the current of blood, and liable thus to be burst. In answer to this, it will be remembered that the current of blood through an aneurism need not be entirely obstructed, but only checked, to make it deposit fibrine more rapidly. The walls of the sac, therefore, will soon be strengthened by these deposits, and at last the cavity be filled with a solid mass. Mr. Wardrop even goes further in his confidence in this method of operating, and advocates putting a ligature on one of the branches of an artery, if the main trunk cannot be ligated beyond the sac. He says, this will sufficiently deaden the flow to permit fibrine to be deposited speedily enough to effect a cure. In support of this view, he gives an interesting case of aneurism of the innominata upon which he operated. The right carotid was almost obliterated by the pressure of the tumor. He put a ligature around the subclavian, in the supra-clavicular space, and of course beyond the origin of the vertebral, thyroid and main arteries, through which a current still passed. The details of the case are too voluminous to give here; but in brief we can say, that the pain and dyspnoea lessened from that moment, the general health improved steadily, and a perfect cure was established. In this case, the obliteration of the carotid was a great point. Had it been patent, the result, we fear, might have been very different. The only additional paper we can find on this subject of the operation of Brasdor, or of Wardrop, is one read by M. Diday, in April, 1843, before the Academy of Medicine in Paris. It is the result of his theories deduced from the practice of others, and gives us no further light. Reviewing all that we have learned about this method of treating an aneurism, we must sum up our opinion by saying, we consider it an operation to be used in desperate cases, with some little hope of its being efficacious.

We trust that in giving the foregoing exposition of the different methods of treating aneurism, we have pointed out with sufficient care and explicitness the deficiencies and weak points of each, and also shown their peculiar excellencies and their individual fitness to particular kinds of cases. Beyond all this, however, each case has its own distinct peculiarities, which may greatly modify the application of any general rule. Of these the surgeon in charge must and alone can judge, and we have therefore not carried our directions out too restrictively and minutely, but we hope we have been suffi-

ciently clear in the enunciation of general principles to enable each one to do this readily for himself.

ANEURISM OF THE BONE.

Our desire to leave no part of the subject set before us untouched, induces us to put the above heading to this branch of it. It is undoubtedly true that there is such an affection of the arteries of the bone as aneurism. Some few cases have been described which were clearly and distinctly affections of the osseous arteries, precisely similar to those of other arteries which we have been describing by that name. But as yet these cases on record are few in number, and not well analyzed; the consequence is that we have great difficulty in sifting out what belongs to this class of affections, and what we should call osteo-sarcoma, encephaloid of the bone, spina ventosa, &c. The three sources from which we gather our information on this subject are as follows:—In 1827, M. Lallemand published a case of affection of the end of the femur. This pamphlet was entitled "*Observations sur une tumeur aneurismale accompagnée de circonstances insolites.*" To it was appended a paper by M. Breschet, "*Observations et Reflexions sur des Tumeurs Sanguines d'un caractère équivoque qui paraissent être des Aneurismes des artères des os.*"

The next is a paper in the *Medico-Chirurgical Transactions* for 1846, by Edward Stanley, F.R.S., "*On the Pulsating Tumors of the Bone, with an account of a case in which a Ligature was placed around the Common Iliac Artery.*"

The third source is a paper by Dr. Carnochan, originally published in the New York *Medical Gazette* for January, 1853, and afterwards separately in pamphlet form, entitled "*Remarks on Osteo-aneurism, with a case involving the Condyles of the Left Femur.*"

We will now proceed to give a digest of these three.

Lallemand's case was a Naval Captain, aged 45, but much worn by a hard life and suffering from disease. His right leg was wasted—the knee nearly twice its natural size, surrounded by varicose veins; the skin tense and shining; the leg was bent on the thigh; its movements nearly obliterated. The pain was excessive. On the inner side of the ligamentum patellæ was a tumor the size of half an egg, and distinctly pulsating. On the external side, and directly in front of the head of the fibula, was another tumor, a little smaller, but also pulsating. Pressure on the femoral artery commanded these pulsations. This artery, after much deliberation as to the nature of this affection, was tied. In two months the patient rose from his bed, and in three could walk without crutches. Information received some time after, represents the man in good sound health.

Such in brief, and yet including all points necessary for us, is the case which M. Lallemand occupies five quarto pages in detailing. M. Breschet's "Reflexions" are very interesting. He asks four questions pertinent to the case:—

1st. Has the affection described by Lallemand been described by other authors?

- 2d. Was this affection an aneurism?
- 3d. Can these affections of the cellular tissue of arteries be confounded with other affections of the osseous structure?
- 4th. Was ligature the best method of cure, and should it be adopted in all such cases?

To answer these questions, M. Breschet goes at once to the records of surgery, and first details a case given by Fabricius Hildanus, of a soft pulsating tumor of the lower end of the femur of a young girl who died after amputation of the leg. He next quotes from Ruysch, and then goes to Pearson, Pott, Scarpa, Boyer and others. Many of the cases given by these authors he copies verbatim. We cannot follow him through them all, but must be content to give the results. But in thus being forced to limit ourselves and to give conclusions alone, without the steps by which they were arrived at, we must say a little more of Breschet's work. In addition to the five pages of Lallemand's description of his case, Breschet adds thirty-seven of his own, of quarto size, in answering the questions before propounded. We presume this publication is pretty much out of print, and therefore not accessible to many readers. The copy before us belonged to Baron Dupuytren, presented to him by Lallemand himself. We would not have been thus prolix about the essay, but we wished it clearly understood how thorough it is and how minutely we have gone into it, and that the results we give are not unconsidered or from unreliable sources.

The second question, "Is the affection an aneurism?" is the most important to us, and is entertained thoroughly, we may say exhaustively. We have not, to be sure, the minute microscopic investigations of the present day, but we have fine natural powers of observation well drilled; marking out what should be assigned to malignant disease amongst the various pulsating vascular tumors of bones that the records of surgeons present us with, to fungus haematodes, &c.—what to vascular non-malignant tumor, and what, if any, is left for pure aneurism of the osseous arteries. The case we consider clearly and strongly made out of a morbid condition, as follows: Non-malignant—consisting of a dilatation of the artery supplying the bone, precisely similar to the same affection in other arteries; sometimes taking the form of a sac, expanding to one side of the main trunk, like an ordinary aneurism, but oftener enlarging generally in every direction, assuming that form of disease described by Mr. Guthrie as preternatural dilatation. In other words, an aneurism or arterial dilatation may take place on an artery running inside of a bone just as thoroughly as it may affect a vessel anywhere else. At first sight, we should suppose the bony structure around would sustain the artery and save it from this dilatation, or prevent the formation of an aneurismal sac. But it is not so. We find, to our surprise, that when an artery within a bone commences to dilate, or where an aneurismal sac is formed upon it, precisely the same phenomenon is repeated that occurs when an aneurism is increasing

its growth on the outside but in close proximity with a bone. This, we have already mentioned, is an absorption of the osseous structure wherever the aneurismal sac presses against it.

In Mr. Stanley's paper, from the *Medico-Chirurgical Transactions*, he makes a distinction, as does also Breschet, between the different kinds of vascular tumors of the bone, and speaks of some as being formed of a sort of erectile tissue, whilst others (particularly a case communicated to him by Mr. Luke) exhibit a regular aneurism within the bone. "The lower end of the femur was found expanded into a spherical tumor, in the interior of which were cells of varying size, some of the largest about an inch in diameter, and filled with blood."

(To be continued.)

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

FEB. 24th.—*Diseased Heart.*—Dr. BORLAND showed the specimen.

The tricuspid valve was much contracted, so that it could not have closed the orifice. The mitral valve was so much contracted that it would not admit the tip of the finger. There was also some thickening of the aortic valves, but not enough to interfere with their function. The cavities behind the mitral valve were hypertrophied and dilated, while there was no change in the left ventricle.

The dropsy was universal.

The patient was a young woman, who entered the Channing Home, June 14th, suffering then from hysterical aphonia, which disappeared in three weeks. A year previously, she had had acute rheumatism, which was followed by disease of the heart. In September she had difficult micturition, with a dirty, yellowish appearance of the skin, nausea and increased difficulty of breathing, with palpitation. The strength continued to depreciate, and the circulation to be more and more interfered with, so that in October a warm bath produced great lividity and intense headache. In November, anasarca became especially noticeable, with a loud, harsh, bronchitic cough, which assumed more and more of a paroxysmal character, and increased in December, so that she had to be etherized, to obtain relief. The irritability of the stomach increased. She was then seen by Dr. Bowditch, who agreed that nothing could be done beyond stimulants, ether during the paroxysms, and careful watching and nursing. Jan. 2d, the ascites and anasarca had increased to such an extent that she was tapped, and eight quarts of serum were drawn off, besides copious leaking afterwards. This relieved the feeling of distension, but not the heart symptoms. She was again tapped towards the end of the month, but no fluid followed. She died Feb. 6th. The treatment consisted in arterial sedatives, digitalis, colchicum, buchu, hydrocyanic acid and oxalate of cerium to quell the vomiting. She obtained the greatest relief from the inhalation of ether during the last two months.

FEB. 24th.—*Poisoning from eating Partridge.*—Dr. PARKS reported the following case.

On the 10th inst., a lady who had eaten partridge for dinner was attacked, a half hour afterwards, with chills, tinnitus, deafness, obscure vision, and oppression at the epigastrium. These symptoms were followed by loss of consciousness, vomiting and slight convulsive action. When seen by Dr. Parks, an hour after the attack, she was partially conscious and vomiting; the pupils were moderately dilated; the pulse 52, weak; the skin cold, and there were slight tremors. Ipecac was administered, with partial relief, and Squibb's preparation of opium was then given, in order to raise the circulation and produce warmth of the skin. This occurred in twenty minutes, with relief.

There was nothing peculiar in the taste of the bird, which was pronounced in good condition by the cook, who happened, by a singular coincidence, to have seen a case of this accident before. The whole family ate of the partridge, but no one else was affected. The parts of the bird eaten were the legs and the back-bone.

The patient sat down to dinner at $2\frac{1}{2}$, P.M., rose at $3\frac{1}{2}$, and experienced the first symptoms at 4. At $5\frac{1}{2}$, the case was at its worst; and at 8, P.M., the patient had fully recovered.

Dr. Parks remarked that the leading symptoms recorded by Dr. Bigelow, in his paper on this subject, were present; and that the case was altogether unlike any instance of mere indigestion he had seen before.

FEB. 24th.—*Tubal Pregnancy; Absence of the Liver in the Fœtus.*—Dr. JACKSON reported the case, which occurred in the practice of Dr. E. P. Abbe, of New Bedford. The patient, a married woman, aged 32 years, had had one child and one abortion. For the last few years the catamenia had occurred every two months. And after her last conception the periods were as frequent, but the flow was scanty, and lasted but a few hours; this change, and sickness at the stomach, being the only symptoms of pregnancy. At one time during her pregnancy, she had pain in the lower part of the abdomen, some uterine haemorrhage, faintness, and excessive and uncontrollable vomiting. At last, twenty-four hours before death, she was attacked with excessive pain in the pelvis, increased nausea and vomiting, inability to lie upon the left side without fainting, loss of pulse, coldness of extremities, and the usual symptoms of internal haemorrhage; a large quantity of blood being found, at the autopsy, in the peritoneal cavity.

The uterus, which was sent to Dr. J., contained a sufficiently well-marked decidua, though mostly detached. The foetus, which was contained in the left Fallopian tube, measured in a straight line, from the vertex to the soles of the feet, $3\frac{1}{2}$ inches; being much further advanced, Dr. J. remarked, than in any case that he had examined, excepting one that occurred in the practice of Dr. Perry (see Dr. Lyman's cases of tubal pregnancy, in the Boston Medical and Surgical Journal, Jan. 5, 1860). The foetus was shown to the Society, and was without trace of liver; it was entire when received by Dr. J., and nothing had been removed since. The umbilical vein entered the vena cava near the diaphragm; and excepting the deficiency referred to, and the spleen, which was very small, it seemed to be well formed. In one part of the small intestine, which, however, was not opened, the contents had a very marked green color, to the extent of a line or more; there being no discoloration in any other part. Dr. J. questioned whether the coloring matter of the bile might be formed vicariously by the mucous membrane of the intestine.

The absence of the liver in a foetus that was otherwise apparently well formed, constitutes the above an unique case, so far as Dr. J. is aware; and Dr. Jeffries Wyman, who was present, agreed with him.

FEB. 24th.—*Obliteration of large Arteries in connection with Aneurism, &c.*—Dr. JACKSON reported the following cases, which occurred several years ago, within six months of each other; and the specimens having been preserved, were exhibited.

The first was an aneurism of the superior mesenteric artery, at its origin from the aorta, about as large as a hen's egg, having rather the appearance of a true than a false aneurism, and containing a little recent fibrin. The artery itself was of full size down to the sac, and then was completely obliterated; as if by an agglutination of the inner surface, and not by the formation of a clot. The aorta itself was scarcely diseased. The patient, a man 33 years of age, had pain in the epigastrium, constipation and debility for three and a half months, and had been mostly confined to his bed. His death was caused by a rupture of the sac into the general cellular tissue.

The second was a case of aneurism of the arteria innominata and right subclavian arteries. The sac, which has not been cut open, formed a regular, flattened, ovoid, firm mass, and was undoubtedly filled with fibrin; this being the only case, Dr. J. remarked, of natural cure of an aneurism, that he had met with. The measurements of the mass were 3 inches, $2\frac{1}{2}$ inches, and $1\frac{1}{2}$ inch. It seemed to commence at the aorta, but involved only a portion of the circumference of the innominata; the right carotid artery being quite free, and the portion of the innominata that was continuous with it, and not involved in the aneurism, being sufficiently healthy as low as the aorta. The right subclavian artery was of full size, and quite healthy from the axilla to the scaleni muscles; and there, close to the aneurismal sac, it became suddenly and completely obliterated.

The aorta, generally, was much diseased; and there was, just above the diaphragm, a second large aneurism that burst into the left pleural cavity. The patient was a gentleman, 55 years of age, who had had no pulse in the right wrist for two years or more; his sickness dating back about two and a half years. From the condition of the pulse Dr. J. thought that there may have been a direct obliteration of the artery in this, as in the last case, at its exit from the aneurismal sac, and that this last may have been subsequently filled up by the fibrin that resulted from the coagulation of the blood, notwithstanding the free circulation through the adjoining carotid.

The third case was that of an aneurism just below the diaphragm. The sac was about as large as a pint bowl, and arose from the posterior surface of the aorta; the orifice was $2\frac{1}{4}$ by $1\frac{1}{2}$ inches, and the cavity was filled with recent coagula and old fibrin. The celiac artery was of full size, but at its origin from the aorta was so completely obliterated that no trace of it could be seen upon the inner surface of the vessel; and precisely the same was the case with the right renal artery, except that upon the inner surface of the aorta there was a marked indentation, corresponding to the former origin of the vessel. The superior mesenteric and left renal arteries were perfectly normal. The aorta throughout was thickened and considerably diseased, but no more so about the origin of the aneurism nor about the obliterated arteries than elsewhere. The kidneys were somewhat inflamed; and

the left was rather longer than the right. The patient was a negro, 58 years of age, who was said to have suffered from "lumbago" for four years, and who died from rupture of the aneurismal sac into the right pleural cavity.

In regard to the cause of obliteration in such cases as the above, Dr. J. remarked that there had been found sometimes fibrinous clots, and sometimes the canal had been closed by the great amount of ossification and structural disease that existed. In the first of the above cases, there was very little disease of the arteries, and very little fibrin in the sac. In the last it would perhaps be said that the thickened and diseased aorta pressed and encroached upon the origin of the two vessels, until they became obliterated by adhesion of the internal surface: the obliteration of the vessels being merely a coincidence with the aneurism and in no way connected with it. The explanation of the second case is more probably to be found in the coagula that formed in the sac, as the right subclavian was itself healthy though the aorta was very much diseased.

Army Medical Intelligence.

We are indebted to the Surgeon-General for the following letter from the Surgeon of the 22d Regiment.

To the Surgeon-General.

{ CAMP NEAR ALEXANDRIA, VA.,
March 17th, 1862.

Sir,—You will perhaps be interested in knowing of the whereabouts of the 22d Regiment, and as it is now some time since my last letter, I will try to give you a few details of our experience for the last week.

Having at last received marching orders, we left Hall's Hill on the morning of the 10th inst. for Centreville, that being our destination, we were informed, just previous to our departure. The men were in high glee in anticipation of moving somewhere from a place which was fast becoming monotonous. As usual, we had a rain storm to accompany us, and having marched through mud and rain as far as Fairfax Court House, we were ordered to halt and bivouac for the night.

We had a very tedious march of about twelve miles, and it proved a good test to the physical capabilities of the men, as they all stood it finely, and there were fewer sick than usual the next morning. On our arrival at Fairfax, we learned that Centreville and Manassas were both evacuated by the rebels. We left about ninety men with all the sick and convalescents, to take charge of camp property, under the command of a Lieutenant, having previously sent all the men sick in regimental hospital to general hospital.

Six of the men sent to general hospital were sick with varioloid, and two of them died. We remained at Fairfax till Saturday last, and in the morning we started for this place, and arrived here about 4, P.M., having marched twelve miles in the most drenching rain-storm I ever experienced. Wet and exhausted, we took possession of all the tents available in the camp previously occupied by the N. Y. 57th Regiment, Gen. Sumner's Division, which Division is now on the advance towards Manassas.

Imagine an encampment situated in a ravine, with the surround-

ing country so hilly as to nearly approach the title of mountainous, with the neighboring declivities and hills covered all over with encampments, and a drenching rain washing the accumulated filth, loaded with noxious vapors, directly through our camp, and you can easily conceive the degree of disgust experienced by us on our arrival at this place. It is a very dirty, filthy place for an encampment, and I am informed that there has been a great deal of sickness here and a large number of deaths, mostly of typhoid fever.

We report this morning, one in hospital and eight in quarters. The men are becoming accustomed to the hardships of a march, and I am convinced that much less sickness is experienced by them after long and well-regulated marches, with enough to eat, than when they remain idle all winter in camp, especially one like that we now occupy.

But little has been obliged to be done as yet in the way of surgery in our regiment; I have had a few cases of amputations of fingers, and one operation for fistula in ano—all did well. While at Hall's Hill, at one time typhoid fever got into camp, and proved fatal in almost every case. Medicine had no control, as far as I could perceive, over the disease.

Since the organization of the regiment, now over five months, we have lost but twelve men—six of typhoid fever, one of remittent, two of varioloid, one in a fit of epilepsy, one accidentally shot, and one of phthisis pulmonalis. Quite a number have been discharged on certificates of disability, mostly men who were examined previously to joining the regiment at Lynnfield. But few, comparatively, have been discharged among those who were examined by the surgeon of this regiment, except on a disability which has occurred since entering the service, as I think great care was taken to have none but sound men, if possible.

We now have nine hundred and eighty men in the field, ready for active service, which I have no doubt we shall soon see.

With very great respect, I am your obedient serv't,

E. L. WARREN, Surgeon 22d Mass. Regiment.

From the report of surgical cases at Roanoke Island, furnished us by Dr. F. H. Squire, we select the following; the interest of the rest is mainly of a personal character.

James Hamilton, private, Co. I, 51st Regt. Pennsylvania Vols., resident of Norristown, Montgomery Co., Pa.; aged 22 years; chandler. Was accidentally shot through the left hand by the discharge of a Colt's revolver, the ball entering the palm and coming out on the dorsum, fracturing the metacarpal bone of the middle finger. The accident occurred at Annapolis, on or about the first day of January, 1862. Dr. Hosack, at the time, disarticulated and excised the phalangeal extremity of the fractured bone, *leaving the finger*. In about ten days secondary haemorrhage occurred, and then the doctor ligatured the radial artery. After the lapse of five days, haemorrhage recurred. Pressure for a whole week was then made by the thumb of an attendant upon the brachial artery. In the mean time, the patient with his regiment embarked on board a transport and accompanied the fleet. About the 23d of January, on ship at Hatteras Inlet, the brachial artery was tied at the lower third of the arm. After another interval of two or three weeks, the bleeding again appeared. About the 1st of March, on ship in Croatan Sound, the brachial was

tied again at its upper third. Four days ago the patient was taken from the ship and placed in the hospital of the 2d Brigade. Present condition:—The patient is now anaemic and debilitated, with a poor appetite and a slight cough. The ligature at the upper third of the arm has not yet separated, but the incision is almost healed by first intention; the other incisions in the arm and fore-arm are quite united. The gun-shot wound in the hand is open and discharges, having made little or no permanent progress towards recovery. It is open completely through the hand, and matter discharges in both directions. The treatment at present consists of simple applications.

Henry H. Howard, private, Co. G, 21st Regt. Massachusetts Vols., resident of North Blackstone, Worcester Co., Mass.; aged 21 years; weaver. He was the first man wounded during the action on Roanoke, Friday, 7th February. At twilight, while skirmishing with the advanced guard, he approached within three or four rods of the enemy's pickets, who gave the challenge "Who goes there?" Howard made no reply; the challenge was repeated, and at the same time three guns were fired at him. One ball entered just below and about two inches back of the superior spinous process of the ilium of the left side, and came out at the same relative point of the opposite side, passing somewhat deeply through the fleshy portion of both nates, and from appearances the ball must also have passed through the sacrum. Although the patient is getting along finely, when in bed he lies in the prone position entirely. He has good use of the lower extremities, and is able to stand and walk. The whole track of the ball is tender, and both openings are discharging slightly. Treatment. Simple cerate. Patient with cheerful spirits and improving appetite.

Daniel C. Davidson, private, Co. A, 51st Regt. N. Y. Vols., aged 18 years, resident of Oswego, Tioga Co., N. Y.; farmer. He was wounded in the battle of the 8th; a musket ball entering the body between the fifth and sixth ribs of the left side, at or near their union with the cartilages, the wound being three inches and a half from the linea alba, on a horizontal plane, one inch below the point of the ensiform cartilage, and making its escape from the body between the eleventh and twelfth ribs of the same side, at a distance of two and a quarter inches from the spine. On the surface of the body the wounds are eight inches apart. During the second night after the accident, the anterior opening bled quite freely; but aside from this, the injury was attended with little or no external haemorrhage. There was no movement of the bowels for one week after the accident. A dose of sweet oil was then given by the attending surgeon, which produced a natural and healthy discharge. Haematuria was discovered with the first evacuation of the bladder subsequent to the injury, and the water continued to be bloody for three or four days; and did not assume its natural color till about one week since. For a time after the accident, micturition was attended with pain at the glans penis. No vomiting or cough was induced by the injury. The anterior wound is now (March 10th) healed; but the posterior one is red and moist, discharging a little watery fluid. The patient begins to walk about the hospital, and his general health and strength are improving.

Alexander Brulley, private, Co. C, 21st Regt. Mass. Vols., residence, Spencer, Mass., age 25 years; shoemaker. He was wounded in the battle on the 8th, by a musket ball which struck the centre of the left clavicle midway between its two extremities, and passed out of

the body exactly in the median line of the back, and between the spinous process of the second and third vertebrae. The accident was followed, in the course of two hours, by cough and the expectoration of blood. The cough has continued up to the present time, but of late it has been diminishing; and the expectoration has changed from blood to a muco-purulent fluid. The nurses have noticed that coughing has sometimes caused the pus to discharge in waves from the clavicular opening. Although the clavicle must have been entirely broken by the ball, and although no apparatus for fractured clavicle has been applied, nevertheless, the bone now appears to be united, and without any depression of the humeral extremity. The bone at the site of the injury is now about twice as large as natural, and the opening seems to be exactly in the centre of its transverse diameter. The opening is still discharging pus quite freely. The wound upon the back is not healed; it looks red, and at present it does not discharge as much as the anterior one. The injury has made a marked impression upon the patient's health, nevertheless the prognosis may be regarded as favorable.

Theodore S. Foster, captain Co. D, 21st Regt. Mass. Vols.; age 36 years; resident of Fitchburg, Mass.; wounded in the battle of the 8th. While charging the enemy's fortifications, a musket ball entered the left leg, four inches below the lower border of the patella, and about half an inch to the inner side of the spine of the tibia, passing through the limb in a direction backwards, outwards, and slightly downwards—the posterior wound being a little to the outer side of the median line of the leg—causing an oblique fracture of the tibia, but leaving the fibula unbroken. He was immediately taken to the Regimental Hospital in the rear, and the same night was conveyed, on a stretcher, to a house on the beach, where he remained, with his clothes unchanged and his limb undressed, for three days. He was then taken on board the steamer Union and carried to the temporary hospital at the upper fort (Fort Huger), from which he was again moved, after the lapse of ten days, to the General Hospital, Camp Burnside, where he continued until the 4th of March, when he was taken to a private house near by, in which he is now lying upon a comfortable bed, with all the attention, both surgical and otherwise, which his comfort and condition require. The limb is now (March 13th) in a starch bandage and fracture box, as it was arranged some ten days ago under the supervision of Dr. Hitchcock, of his native town; and, although the injury is certainly a very grave one, and will require months to progress to a favorable termination, nevertheless, having watched the limb with great care for over a week, I think I am safe in pronouncing for him an encouraging prognosis. His appetite is good; he has plenty of good food; his sleep is quiet and refreshing, and his mind cheerful.

NEW YORK MEDICAL SCHOOLS.—Our city medical schools have all closed with appropriate ceremonies, graduating in the aggregate somewhat less than two hundred students. The valedictory addresses were given:—In the New York Medical College, by Prof. Percy; in the University Medical College, by Prof. Van Buren; in the Bellevue Hospital Medical College, by Prof. Elliot; in the College of Physicians and Surgeons, by the President, Dr. Delafield. The annual address before the alumni of the latter school was given by Dr. Brown, of the Bloomingdale Asylum.—*Am. Med. Timrs.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MARCH 27, 1862.

FIRST ANNUAL REPORT OF THE HOUSE OF THE GOOD SAMARITAN, No. 2 MCLEAN ST.—It is with unalloyed satisfaction that we have read this first published record of the good and faithful service of this most excellent institution. To Boston people it is no novelty, the story of the labors of the Christian women who have devoted themselves to this admirable charity. But to many at a distance it is probably quite unknown, and we are glad to lend what aid we may to spread its light beyond the sphere of its immediate influence.

The House of the Good Samaritan may be said, in a few words, to be based on a similar plan to that which has for several years made the Channing Home a welcome haven of rest, often the final rest, to many a poor sufferer, who but for such a provision could have looked for no more cheering a refuge than is to be found in a State or City Alms-house. We would not decry the value of these institutions, nor the fidelity of their officers; but they never were intended for hospitals, and with all that conscientious men can do, they can never fully meet the wants of those who need careful nursing and quite as much tender sympathies, to soothe their last hours. The want has long been felt in our community of some place where persons incurably ill, but without pecuniary means, might find the shelter and care which their situation demanded, and that without banishing them from the neighborhood of those to whom they are bound by ties of sympathy and relationship. Our public hospitals cannot, of course, be looked upon as asylums for this class, for their admission, in any great number, would obviously defeat the prime object of such institutions—the treatment of the sick whose cases give a reasonable hope of recovery. To meet this want, the Channing Home, and more recently the House of the Good Samaritan, were organized, and most admirably have they fulfilled their mission thus far. It is one of the greatest advantages of such asylums that they are not large enough to lose the character of private retreats. There is a home feeling about them which is incompatible with the large and crowded wards and wholesale character, so to speak, of an institution which counts its inmates by hundreds. The patients have the advantage of being distributed in smaller rooms, by which a better attention to the individual comfort of each is secured than when he is obliged to take his average share of heat, ventilation, &c., which falls to him in a ward containing twenty or thirty beds. Then there is less noise and bustle, less official formality, less to impress the sufferer with the feeling that he is in some sense a part of an institution, instead of a welcome guest in a kindly home. And when the last solemn hour is come, however tenderly the hand of charity may smooth the pillow, who would not infinitely prefer its privacy and seclusion? Such are some of the thoughts which rise in our minds when we think of these small hospitals, of which we have two such excellent examples in Boston. There is room enough for more, and we hope from time to time to announce the inauguration of other co-workers in this field of charity.

We would mention with special interest, in connection with the subjects of our notice, that the services of the ladies who are principally engaged in them as superintendents and nurses, are entirely voluntary and without compensation. They have left the circles of society which they were calculated so much to adorn, and have taken up this labor of love in the service of our common Master. Can we say more as assurance that the sick find in them all the sympathy and care that humanity can render to a suffering fellow-creature?

As one of the principal objects of these institutions is to take charge of the incurably ill, we cannot of course expect to see in their annual reports an imposing show of patients recovered. Curable cases, however, are not excluded. From the report of the House we learn that it contains accommodations for twelve patients ; "the whole number admitted for the year of 1861, was 47 ; of whom 4 recovered, 13 were relieved, 9 were not relieved, 7 died, and 2 were discharged ; 12 remaining January 1, 1862. As regards nativity, 22 were American, 3 were from Nova Scotia, 4 were English, 14 Irish, 3 German, and 1 Scotch. Of these patients, 16 were Roman Catholics, 8 Congregationalists, 2 Unitarian, 4 Baptists, 3 Lutherans, 12 Episcopalians, and 2 without any definite creed. This diversity of nation and faith seemed to demand a broad provision for their spiritual needs, which has been made—every patient having full liberty at all times to receive the visits and offices of her own spiritual adviser."

The Secretary gratefully acknowledges the gift of many little articles of comfort and luxury, such as the sick value so highly ; and here again is an advantage arising from the very smallness of the institution. For any present of this kind, however small, finds as ready a welcome here and answers as useful a purpose, as when sent to a sick friend. Many would not think of making such a donation to a large hospital, who in this way find a good opportunity for the exercise of their benevolence.

In conclusion, we would express the heartiest good wishes for the continued prosperity of the "House of the Good Samaritan." The community has responded liberally to the call which it has made for pecuniary aid, and so long as it fulfils the promise of its first year's success, will never be insensible to its appeals.

REPORT TO THE PRESIDENT AND OVERSEERS OF HARVARD COLLEGE, OF THE COMMITTEE ON THE EXAMINATION OF THE MEDICAL SCHOOL.—The Committee to visit the Medical School attended to that duty on Thursday, Jan. 2d, 1862. Present, the Chairman, and Doctors J. Mason Warren of Boston, Gilman Kimball of Lowell, and Jonas A. Marshall of Fitchburg.

In the department of Anatomy and Physiology we found considerable addition to the facilities for instruction beyond the valuable and well-established means of past years. Under the wise and enlightened provisions of law, the material for the study of human anatomy is easily and abundantly procured at a very trifling expense to the students. Microscopic Anatomy has now become an enjoined and systematic part of the practical course of instruction in this school. The means and materials for demonstrations in this branch have been liberally supplied by the Professor of Anatomy. During the past year six new additional microscopes have been procured for the use of the students. A very extensive and valuable series of microscopic ana-

tomical specimens prepared by Prof. Hyrtl of Vienna, have also been generously loaned by Prof. Agassiz for their use. The science of anatomy is no longer a dull and irksome study in Harvard Medical School. The dissecting knife and achromatic lens verify the vivid word painting and magical descriptions of the eloquent Professor; and if dead bodies in the lecture-room are not literally *moved* by his "Songs in many keys," they are made, under the microscope, to glow with scientific truth and wondrous beauty. If, with these facilities for instruction, students are not inspired with enthusiasm in the study of human anatomy, they ought charitably to be considered as victims of either *ramollissement* or mental petrefaction.

In the Departments of Theory and Practice of Physic and of Clinical Medicine, the system of instruction is more decidedly practical and demonstrative than formerly. The Massachusetts General Hospital affords excellent facilities for clinical instruction to the students, both during the winter and summer terms. The application of chemical tests is also made a part of clinical study in establishing the diagnosis of disease. The study of "physical signs," also, is made practical and available to the students. The fidelity of the Professors in these departments is clearly evinced by the zeal and devotion which they inspire, with scarcely an exception, in the large classes which listen to their theoretical and clinical teachings.

In the Department of Chemistry the system of instruction is excellent. The laboratory is a model of neatness and order. Analytic Chemistry is made a practical study by many of the students. During the Summer Session a course of recitations is heard on Physiological and Medical Chemistry. In short, an earnest, and quite successful effort has been made to make the students practically familiar with chemical science.

The Professor of Midwifery has made some valuable additions to the illustrations in his department. In embryology and fetal development a new series of drawings add vastly to the value and effect of oral teaching. The accuracy, energy and fidelity, displayed in this department, are highly commendable.

The Professor of Morbid Anatomy has added ninety-eight specimens to the Warren Museum during the past year; and in all respects this department continues to maintain its high standard of excellence in this very essential branch of medical education.

The Report which the undersigned had the honor to submit to this Board last year, made mention of the deficiency in the Cabinet of *Materia Medica*; that deficiency still exists, with the exception of such supplies as are furnished at the Professor's private expense. His liberality and wisdom are very manifest in recently procuring, from an eminent native artist, colored drawings from nature of most of our indigenous and exotic medicinal plants. These will be of great value in imparting a knowledge of *materia medica*. The Committee earnestly hope that, through the Corporation or some private source, means may be furnished to enlarge and perfect the Cabinet of *Materia Medica*; we urge this as a *safeguard to the sick*, being fully convinced that the most perfect and thorough knowledge of drugs, on the part of Physicians, leads to a diminution of the quantity, and greater discrimination of the quality of medicines used in the treatment of disease.

In the Department of Surgery, the Committee would express the
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highest degree of satisfaction with the mode of teaching. One of the marked and most important means of illustration is well described in the following extract of a letter from the Professor:—

“ Being early impressed with the value of diagrams in teaching surgery, a branch of study in which a large proportion of the details present themselves to the eye, I engaged, in assuming the duties of the professorship, about a dozen years ago, a young artist, who remained in my exclusive employ about four years, during which time he attained a high degree of excellence in representing this class of subjects. The number of diagrams made by him for me were several hundred, at an expense of about three thousand dollars. They were made partly from the best surgical illustrations and partly from original cases, which last include the microscopic examination of morbid growths. Being three feet and five feet in length, they are readily seen, while their masterly handling and color leave little to be desired in these pictures as representatives of healthy anatomy, and of surgical disease and expedients.”

Your Committee are not less proud than happy to publicly announce the utility and patriotism of a course of gratuitous lectures on Military Surgery, delivered at the College by the Professor, in April and May last. It was a timely and valued service to the country in a moment of great public necessity. Sumter had fallen! The clarion of war rang through the land. The “ Fiery Cross ” rose from the burning fortress and gleamed along the Northern sky. The city, the hamlet and the hearth-stone echoed “ God wills it,” and loyal hearts all over the land beat quick and strong, giving speed and power to the hands that girded on the panoply of war.

Brave volunteers were rushing in hot haste to duty and danger. Our surgeons in civil service knew little of practice on the field of battle. They were compelled to grow old and wise, almost in a day, by the imperative duties and exigencies which overtook them. The ten day’s course of lectures at the College on Military Surgery was a beneficent and patriotic service. Nearly two hundred surgeons availed themselves of this valuable and timely course of instruction, preparatory, with many of them, to their volunteer duties in camp and field.

Of the service that Massachusetts surgeons are now rendering in our army, we may well feel proud; and especially may we speak with satisfaction and hearty approval of the influence that Harvard Medical School has exerted in fitting them for the high responsibilities they now bear in the cause of humanity and patriotism.

Feb. 20th, 1862.

ALFRED HITCHCOCK, *Chairman.*

A FEW weeks since we published, on newspaper authority, an incredible story of eight children being born at one birth. Wishing to ascertain the exact truth in the case, we wrote to a friend in Ohio about it, and have received the following answer:—

WARREN, O., MARCH 18th, 1862.

MESSRS. EDITORS,—There is no truth in the item of the eight-fold birth published in your JOURNAL of the 6th ult. A graceless scamp, in spite towards a worthy couple who have no children, originated the story, or a like one, a year or two since, and I suppose has set it afloat again of late, as I am told it appeared in some newspapers a few months since. I have delayed an answer to your note, in order to ascertain if anything had occurred of the kind reported, but nothing has.

Yours truly,

JULIAN HARMON.

DR. JOHN STEARNS, JR., of this city, and Mr. W. H. Mitchell, medical student, in answer to a summons from the Sanitary Commission, have gone to St. Louis for active service on board Gen. Halleck's floating hospital. Every day is proving the immense value of the Sanitary Commission, notwithstanding the ill-timed jealousy of some medical officials towards it. This floating hospital, which is intended to be moved about from place to place on the western rivers as the occasion may demand, and which contains beds for between three and four hundred patients, has been thoroughly fitted up by the Sanitary Commission, Gen. Halleck having placed it entirely at their disposal. It is supplied with nurses, male and female, who are paid by the Commission, and the surgeons serve without remuneration. Gen. Curtis's army receives all its hospital stores from the Commission, and the whole Western Department is supplied, as far as possible, from this source. Gen. Halleck does all he can to aid the good work, sitting up sometimes all night, in company with the President of the Commission, to accomplish it.

At the annual meeting of the Bristol North District Medical Society, held at Taunton on the 12th inst., the following officers were chosen for the ensuing year:—*President*, J. R. Bronson, of Attleboro'; *Vice President*, Jos. Murphy, of Taunton; *Secretary and Treasurer*, J. B. Chace, Taunton. *Censors*—H. B. Hubbard and J. B. Chace, Taunton; J. R. Bronson, Attleboro'. *Librarian*, Ira Samson, Taunton. *Counsellors*—Charles Howe, Raynham; Benoni Carpenter and Ira Samson, Taunton; Thaddeus Phelps, Attleboro'. *Delegates to the National Medical Association*—Jos. Murphy, J. B. Chace and H. B. Hubbard, Taunton; Thaddeus Phelps, Attleboro'. *Commissioner on Trials*, Thaddeus Phelps, Attleboro'. *Essayist for the next Meeting*, Jos. Murphy, Taunton. J. B. CHACE, Sec.

DRS. ALGERNON COOLIDGE of Boston, William O. Johnson of Cambridge, William D. Lamb of Lawrence, and Dr. B. B. Breed of Lynn, have left for Washington, whither they had been summoned, in anticipation of the great addition to the labors of the Surgical Staff likely, within a few days, to grow out of the movements in Virginia.

FROM an excellent article on Epistaxis, by Mr. Rawdon Macnamara, published in the *Dublin Quarterly Journal of Medical Science* for February, we make the following extracts:—

If it be a simple case of passive epistaxis, occurring in a delicate patient, and owing, for its proximate cause, some trifling congestion, due perhaps to position, such as reading for a long time with the head bent forward, &c. &c., we cannot do better than at once have recourse to five- or six-grain doses of fresh prepared powder of ergot of rye, repeated according to the emergency of the case, every ten or fifteen minutes. The first person who drew the notice of his professional brethren to this interesting property of the secale cornutum, was Dr. Spajrani, in a communication published by him in *Modet's Annali Universali di Medicina e Chirurgia*. In addition to cases of hemorrhage from other situations in which he found it of service, he recorded two cases of epistaxis in which its exhibition was attended with the happiest results, and since that period (1830) it has been tried by many other practitioners, with varying success; its most zealous advocate, however, is my old valued friend, Mr. J. J. Parr, in whose name the old students of the institution will recognize the efficient and experienced resident medical officer of the Meath Hospital; he informs me that a long and fre-

quently repeated experience of it justifies him in considering it a remedy of sovereign utility, not only in this, but in many other forms of haemorrhage.

In that form of epistaxis which, contemporaneously with haemorrhages in other situations, appears in purpura, in those whose blood has undergone some serious deprivation in the advanced stages of what are known as blood diseases, or by exposure to wet, I believe that I am but expressing the unanimous opinion of the profession in giving the palm to turpentine, either alone in capsules, or in the form of emulsion, or combined with brandy or whiskey, in the form of punch. If in these cases medicine is to be of any use we must place our reliance on turpentine. The punch to which I allude is made by adding from half to a full wineglass full of spirits of turpentine to a tumbler of brandy or whiskey punch, and administering it, in severe cases, to the patient in as short a space of time as he can swallow it. The extraordinary results that ensue in apparently hopeless cases from the exhibition of this horrid dose require to be witnessed before they can be believed.

"MY DEAR MACNAMARA,—I have found the following an effectual means of arresting the bleeding in cases of epistaxis; it is easy of accomplishment, and one to which the patient will readily submit. * * * The plan I advocate now is to fill the cavity of the nose with a few slips of lint introduced from before. I prepare a few slips of lint about one foot long and half an inch wide, doubling two inches of the first slip over the end of a strong director, I pass it along the floor of the nasal cavity as far as the posterior nares; the rest of the slip is then packed in, and the extremity, which should be made to taper, is left projecting out of the nostril for the purpose of its more easy removal. After this another and another slip is thus introduced, until the cavity is full. * * *

"I was called by a medical man to plug the posterior nares for a patient of his. When I arrived the bleeding had ceased. The gentleman would not see me. I explained the above-mentioned method of proceeding to the medical attendant, who had, in the night, occasion to put it into practice; he found it easy of accomplishment, and perfectly successful in its result.

"Believe me to be yours truly,

JOSIAH SMYLY."

VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, MARCH 22D, 1862.

DEATHS.

| | <i>Males.</i> | <i>Females.</i> | <i>Total</i> |
|---|---------------|-----------------|--------------|
| Deaths during the week, | 46 | 36 | 81 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 42.4 | 35.4 | 77.8 |
| Average corrected to increased population, | .. | .. | 86.78 |
| Deaths of persons above 90, | .. | .. | .. |

| Mortality from Prevailing Diseases. | | | | | | | | |
|-------------------------------------|------------|--------|------------|------------|----------|------------|-----------|-------------|
| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
| 16 | 0 | 5 | 4 | 3 | 0 | 0 | 1 | 0 |

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.—For the week ending March 15th.

| | | | |
|-------------------------------------|--------|---|--------|
| Mean height of Barometer, | 30.023 | Highest point of Thermometer, | 44.0 |
| Highest point of Barometer, | 30.283 | Lowest point of Thermometer, | 25.0 |
| Lowest point of Barometer, | 29.668 | General direction of Wind, | N.N.W. |
| Mean Temperature, | 35.0 | Am't of Rain (inches), including melted snow, | 0.00 |

BOOKS RECEIVED.—On Bandaging and other Operations in Minor Surgery. By F. W. Sargent, M.D., &c. Second Edition. Philadelphia. Blanchard & Lea. 1862.

DIED.—At La Farge House, New York City, March 23d, Dr. W. N. Lane, U. S. N., late of Charlestown, Mass., aged 42 years.

DEATHS IN BOSTON for the week ending Saturday noon, March 22d, 81. Males, 45—Females, 36.—Congestion of the brain, 2—disease of the brain, 2—inflammation of the brain, 2—bronchitis, 3—burns, 1—cancer, 3—consumption, 16—convulsions, 4—croup, 5—debility, 1—dropsy, 2—dropsy of the brain, 11—epilepsy, 1—bilious fever, 1—scarlet fever, 4—typhoid fever, 1—gastritis, 1—haemoptysis, 1—disease of the heart, 1—hip disease, 1—congestion of the lungs, 1—inflammation of the lungs, 3—marasmus, 1—measles, 1—old age, 1—peritonitis, 1—pertussis, 1—pleurisy, 2—puerperal disease, 1—scalded, 1—sore throat, 1—teething, 1—unknown, 3.

Under 5 years of age, 36—between 5 and 20 years, 6—between 20 and 40 years, 20—between 40 and 60 years, 11—above 60 years, 8. Born in the United States, 55—Ireland, 21—other places, 5.